



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E415918**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00952		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	03	OBJECT STRUCK	EARTH BANK OR LEDGE

DATE OF COLLISION	04	12	2015	TIME (2400)	1500	COUNTY #	31	MILES	N	E	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

20TH STREET SE BLOCK NO. ☒ **8500**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **85TH DRIVE SE**

☐ FEET ☐ S ☐ W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4255127518**

LAST NAME **WHITE** FIRST NAME **DARYAN** MIDDLE INITIAL **N**

STREET NEW ADDRESS **1202 10TH ST SE #A**

CITY **SNOHOMISH** ST **WA** ZIP **98290**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **WHITEDN012KC** STATE **WA** SEX **F** D.O.B. **05** **03** **1999**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **549ZWG** STATE **WA** VIN# **1GNCT18W4YK251291**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2000** MAKE **CHEV** MODEL **BLAZR** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JACKIE ALDERMAN 8425 41ST ST SE SNOHOMISH WA 98290**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 173 2116-A09-47** CHARGE ☐

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253341012**

LAST NAME **CITY OF** FIRST NAME **LAKE STEVENS** MIDDLE INITIAL ☐

STREET NEW ADDRESS **1812 MAIN ST PO BOX 267**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ ☐ ☐

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E415918**

CASE # **15-00952**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

04-13-15 11:26 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

4/14/2015 2:45:43 AM

BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	3:01 PM	TIME POLICE ARRIVED	3:10 PM
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NARRATIVE

On 04/12/2015 at about 1501 hours (all times approximate) I was dispatched by police radio to a single vehicle non-blocking/non-injury collision at the intersection of 20th Street SE and 85th Drive SE in the city of Lake Stevens.

Arriving on scene I observed two small SUV's in the dirt ditch located to the northeast corner of the intersection. I observed vehicle tire marks leading from the center turn lane of eastbound 20th Street to one of the vehicles in the ditch.

I contacted a group of people standing nearby and was directed to the female driver of the vehicle that had left the marks and was informed the second SUV had rolled southbound on 85th Drive (unoccupied), after the single vehicle collision, into the ditch by the other SUV (not being involved in the collision).

Talking with the female driver of U1, and evidence at the scene, it is found U1 had been traveling eastbound on 20th Street SE and attempted to make a left turn onto northbound 85th Drive SE. The vehicle left tire markings on the roadway indicating to me U1 was traveling at an unsafe speed for the left turn. The 15 year old, unlicensed driver of U1 claimed she was going about 20mph (in a 35 mph speed zone) when she attempted the left turn onto 85th Drive SE and that the vehicle appeared to have defective brakes.

As U1 left the roadway, towards the ditch, U1 ran over and damaged the dead end/street marking sign. U1 then entered the ditch and went partially into the yard of 1929 85th Drive SE (causing damage to the yard). The two property owners where identified and noted in the report.

The owner of U1 arrived on scene and stated he knew the female driver had his vehicle, though he was unaware she did not have a driver's license. U1 was found to be insured; unknown if the unlicensed 15 year old driver is covered on the insurance policy.

The other SUV that had rolled down the street (unoccupied) was said to be what the boyfriend of the driver of U1 was delivering to a person who had just purchased the vehicle.

I spoke with the mother of the driver of U1 and informed her of the collision.

I took several digital images of the vehicles and scene at the time of the report. U1 was driven backwards out of the ditch; sounding like it may have under carriage/running gear damage. The other SUV was towed out by a pickup with a chain.



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E415918**

CASE # **15-00952**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 4258767874

LAST NAME

MAILLET

FIRST NAME

ALBEO

MIDDLE
INITIAL

STREET
NEW ADDRESS

1929 85TH DR SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

M

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

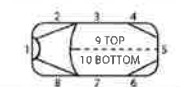
INSURANCE CO
& POLICY #

VEHICLE LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

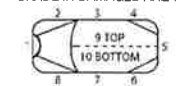
INSURANCE CO
& POLICY #

VEHICLE LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

04-13-15 11:26 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID #

72

ORI
#

WA0311900

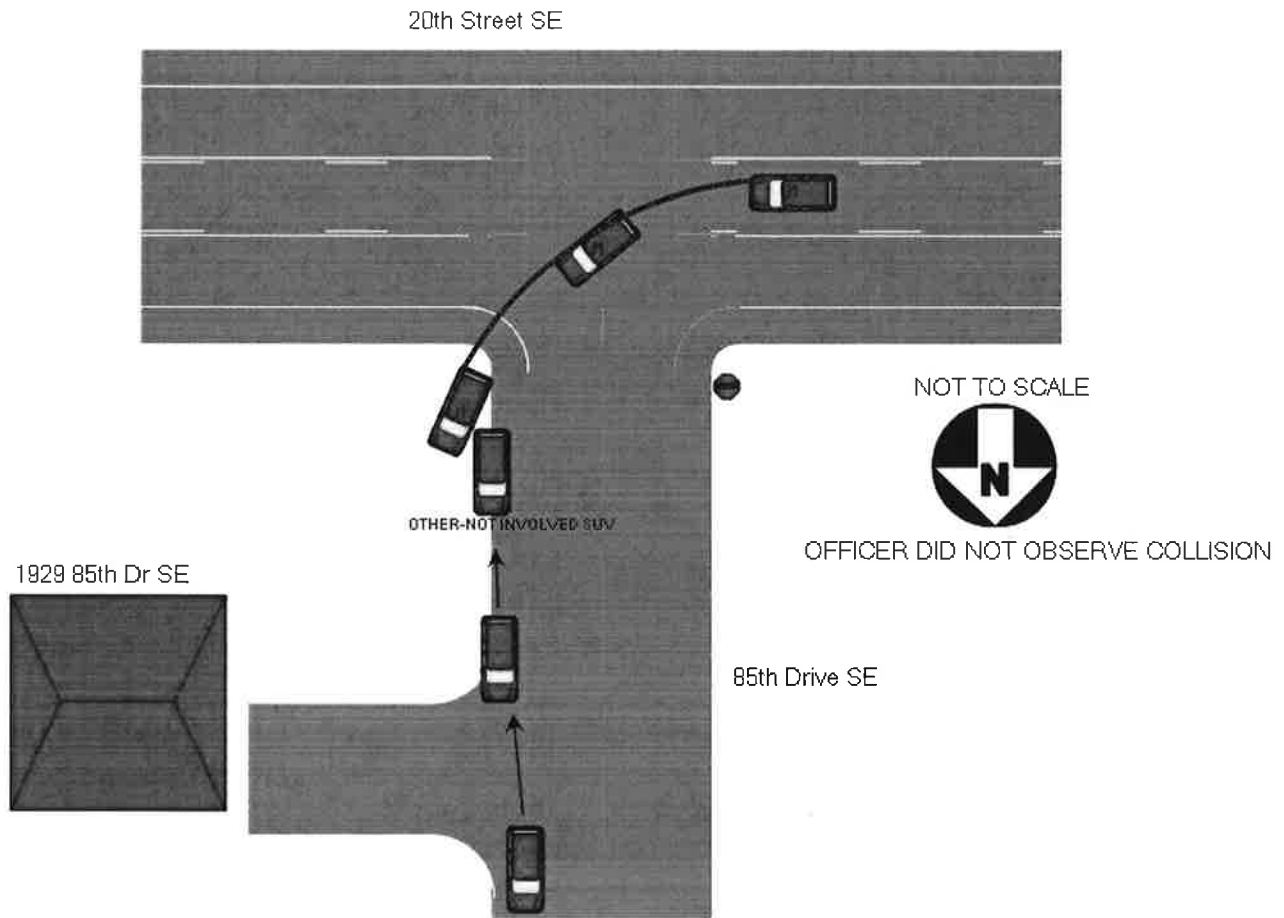
APPROVED BY
MINER

DATE

4/14/2015

PAGE 4

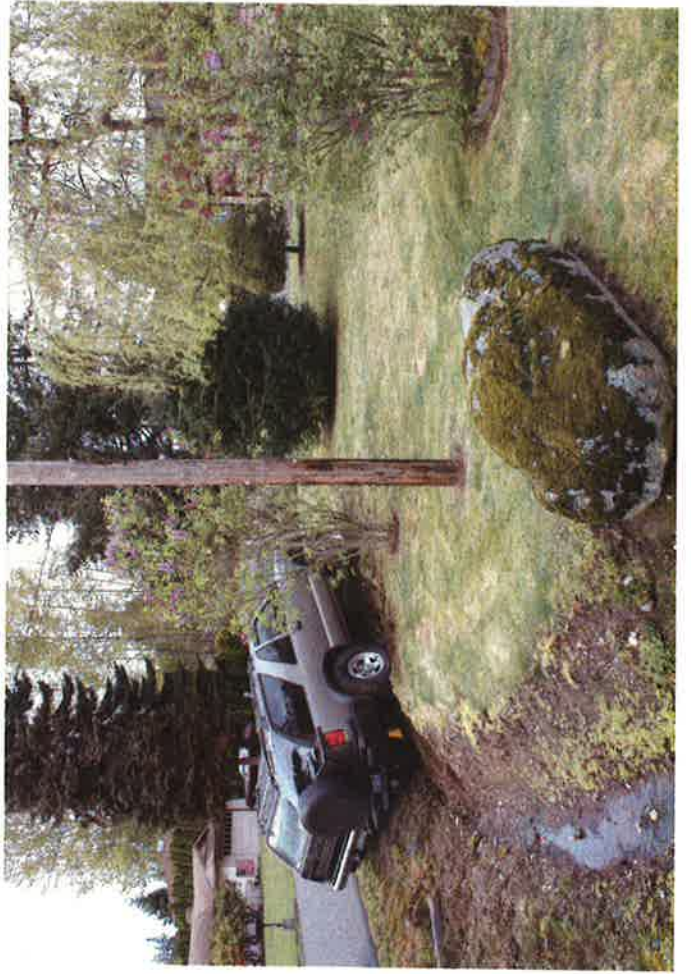
OF 5











LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN #72</i>		Case Number <i>15-00952</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>4-12-15/1615</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # Action #	1	Item <i>CD-RW</i>	Brand Name <i>COMPUCESSOR</i>	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	3	Serial #	Where Found <i>85/20 S. SE LWS</i>			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i>								

Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

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		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
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		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Closed 04/12/15 15:43:10

Loc: 20 ST SE/85 DR SE ,LKS (V)

Phone: 4254229538

/1543 CLOSE 19D2